

Case Number:	CM13-0037829		
Date Assigned:	12/18/2013	Date of Injury:	04/17/2009
Decision Date:	03/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 66 year-old male who has date of injury on 4-27-09. The patient's described mechanism involves injury resulting from 2 metal chairs falling onto his right foot per reports from 7/10/11. The records were reviewed from orthopedic notes from [REDACTED] from 9/19/13. Per recent records reviewed from [REDACTED] from visit on 10/7/13, the patient had subjective complaints of tenderness and pain of the lower extremities, especially the right lower extremity. The objective findings include tenderness over the plantar fascia on the right foot and antalgic gait. The diagnosis includes "plantar fasciitis, left foot, with chronic thickening of the plantar fascia". Other diagnostic impressions include posttraumatic arthrofibrosis/synovitis of the right ankle, s/p contusion/twisting injury right foot associated with distal tibial fracture, chronic plantar fasciitis left foot, and complex regional pain syndrome of the right leg. The treatment plan includes Compounded 10% Ketamine Ointment (Ketamine, Bupivacaine, Clonidine, Doxepin, Gabapentin, Pentoxifyl, and Versatile Base Cream) with 2 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compounded 10% Ketamine Ointment (Ketamine, Bupivacaine, Clonidine, Doxepin, Gabapentin, Pentoxifyl and Versatile Base Cream) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Under review is the decision for compounded 10% Ketamine Ointment (Ketamine, Bupivacaine, Clonidine, Doxepin, Gabapentin, Pentoxifyl, and Versatile Base Cream) with 2 Refills for the management of the patient's chronic pain. Per review of the Chronic Pain Medical Treatment Guidelines, topical analgesics are not recommended if the topical analgesic compound contains any one drug or product that is not recommended. Additionally, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per review of the MTUS, Gabapentin is specifically not recommended for topical use and specifically, there is no peer-reviewed literature to support use. A course of the above compound of topical analgesics is not medically appropriate for this patient in this context.